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**FACSIMILE COVER LETTER**

**To:** Commissioner for Patents  
Examiner Christopher O. Onuaku  
**Firm:** U.S. Patent and Trademark Office  
Art Unit 2616  
**Facsimile:** (571) 273-8300  
**From:** Darren M. Simon  
**Date:** March 13, 2006  
**Re:** FLH Ref No.: 450100-02164  
Serial No: 09/436,870

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**MAR 13 2006**

**Number of Pages:** 8  
(including cover page)

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PATENT  
450100-02164IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Shigeru Yoshino, et al.  
 Serial No. : 09/436,870  
 Filed : November 9, 1999  
 For : DATA RECORDER-REPRODUCER AND BIT MAP DATA  
 PROCESSING METHOD, CONTROL PROGRAM PROCESSING  
 METHOD AND SETTING DATA PROCESSING METHOD OF  
 DATA RECORDER-REPRODUCER  
 Examiner : Onuaku, Christopher O.  
 Art Unit : 2616

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CENTRAL FAX CENTER****MAR 13 2006**745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	2	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** = 6	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

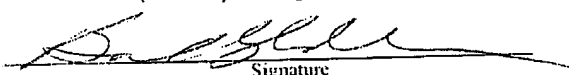
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐ or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on March 13, 2006.

Barnet Shindlman

(Name of person signing transmittal)



Signature

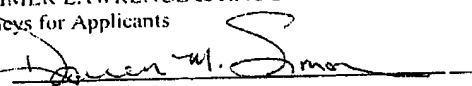
March 13, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By

  
 Darren M. Simon  
 Reg. No. 47,946

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450100-02164**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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facsimile to (571) 273-8300 on March 13, 2006.Barner Shindelman  
(Name of person signing transmittal)

Signature

March 13, 2006

Date of Signature

**AMENDMENT**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the non-final Office Action which issued December 15, 2005,  
please consider the following amendments and remarks in the above-referenced application.